

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049133

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3821

STATE FILE NUMBER

FILED JAN 16 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Richmond Hghts., Mo.

Length of stay in lb

3 wks.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Mary's Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

St. Louis

c. CITY

OR
TOWN St. Ann

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3055 No. Lindbergh

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles

Edward

Sterling

4. DATE
OF
DEATH

Month

Day

Year

Dec.

29,

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-23-02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10b. KIND OF BUSINESS OR INDUSTRY

Medical

11. BIRTHPLACE (City and state or country)

New Athens, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Broadus H. Sterling

13b. MOTHER'S MAIDEN NAME

Juanita Flowers

14. NAME OF HUSBAND OR WIFE

Ruby C. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes WW #2

17. INFORMANT

Address St. Ann

Ruby A. Sterling-3055 N. Lindbergh

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a).

Cardiac arrest.

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

electrolyte imbalance.

DUE TO (c)

Bilateral pyelonephritis
Severe bilateral bronchiectasis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bilateral pyelonephritis, Post-op gastric resection of 5 wks.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/27/62

to

12/29/62

and last saw him alive on

12/29/62

Death occurred at

4:15 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dorothy A. Marshall MD

22b. ADDRESS

607 - N Grand

22c. DATE SIGNED

12/29/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-2-1963

23c. NAME OF CEMETERY OR CREMATORY

New Athens Cemetery

23d. LOCATION (City, town, or county)

New Athens, Illinois

(State)

24. FUNERAL DIRECTOR

BAUMANN BROS. INC. FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

12-29-62

26. REGISTRAR'S SIGNATURE

John C. Murphy MD

2504 WOODSON ROAD

OVERLAND 14, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

1/16/63

Bilateral pyelonephritis

Severe bilateral bronchiectasis

Pt. II Post-op. gastric resection

Pyelonephritis, pul. fibrosis 1/16/63

BY AFFIDAVIT OF attending physician

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. B. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. Louis 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.